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Group 1600	Assistant Commissioner for Patents - Group 1600	703-872-9805
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FROM:

Patrea L. Pabst	404-817-8478	7
NAME	TELEPHONE	TOTAL PAGES (Including Cover Sheet)

FOR THE RECORD:

DATE: November 13, 2002	URGENCY: <input type="checkbox"/> SUPER RUSH	<input type="checkbox"/> RUSH	<input type="checkbox"/> REGULAR
FAXED BY:	FILE #: 078374.00011	CLIENT NAME: PDC 119	

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MESSAGE:

Applicants: Solomon S. Steiner and Bryan R. Wilson

Serial No.: 09/766,862 Art Unit: 1615

Filed: January 19, 2001 Examiner: H. Sheikh

For: **DRY POWDER FORMULATIONS OF ANTIHISTAMINE FOR NASAL
ADMINISTRATION**

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the enclosed and all documents shown as being attached is being facsimile transmitted to the U. S. Patent and Trademark Office on the date shown below.

Date: November 13, 2002

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ATL1 #552682 v1

DUPLICATE

PTO/SB/17 (11-01)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL
for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 620.00)

Complete If Known

Application Number	09/766,362
Filing Date	01/19/2001
First Named Inventor	Solomon s. Steiner
Examiner Name	H. Sheikh
Group Art Unit	1615
Attorney Docket No.	PDC 119

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None
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Holland & Knight LLP

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 to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	
SUBTOTAL (1) (\$ 0.00)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			- 20		
			- 3		

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
103 18	203 9	Claims in excess of 20	
102 84	202 42	Independent claims in excess of 3	
104 280	204 140	Multiple dependent claim, if not paid	
109 84	209 42	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			

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FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 66	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	460.00
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	160.00
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 160	126 160	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$ 620.00)	

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Patrea L. Pabst	Registration No. (Attorney/Agent)	31,284	Telephone 404-817-8473
Signature				Date 11/13/2002

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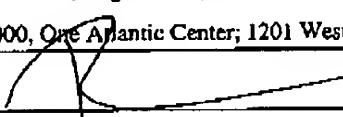
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 90%; text-align: right;">Application Number</td> </tr> <tr> <td></td> <td>09/766,362</td> </tr> <tr> <td></td> <td>Filing Date</td> </tr> <tr> <td></td> <td>01/19/01</td> </tr> <tr> <td></td> <td>First Named Inventor</td> </tr> <tr> <td></td> <td>Solomon S. Steiner</td> </tr> <tr> <td></td> <td>Group Art Unit</td> </tr> <tr> <td></td> <td>1615</td> </tr> <tr> <td></td> <td>Examiner Name</td> </tr> <tr> <td></td> <td>H. Sheikh</td> </tr> <tr> <td>Total Number of Pages in This Submission</td> <td style="text-align: center;">6</td> </tr> <tr> <td></td> <td>Attorney Docket Number</td> </tr> <tr> <td></td> <td>PDC 119</td> </tr> </table>		Application Number		09/766,362		Filing Date		01/19/01		First Named Inventor		Solomon S. Steiner		Group Art Unit		1615		Examiner Name		H. Sheikh	Total Number of Pages in This Submission	6		Attorney Docket Number		PDC 119
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	PDC 119																										

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Firm or Individual name	Patrea L. Pabst, Reg. No. 31,284 Suite 2000, One Atlantic Center, 1201 West Peachtree Street, N.E.; Atlanta, GA 30309-3400	
Signature		
Date	November 13	2002

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